SUBSTITUTE W-9 FORM REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:		plete general information:
	Taxpayer N	ame SHELBY COUNTY GOVERNMENT Phone Number 901-545-4630
	Business Na	nme (if applicable) SHELBY COUNTY COMMUNITY SERVICES AGENCY
	Address	100 1000
	City	MEMPHIS State TN ZIP Code 38103
2.	Circle the most appropriate category below: (please circle only one)	
	1)	Individual (not an actual business)
	2)	Joint account (two or more individuals)
	3)	Custodian account of a minor
	4)	a. Revocable savings trust (grantor is also trustee)b. So-called trust account that is not a legal or valid trust under state law
	5)	Sole proprietorship (using a social security number for the taxpayer ID)
	6)	Sole proprietorship (using a federal employer identification number for taxpayer ID)
	7)	A valid trust, estate, or pension trust
	8)	Corporation
	9)	Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
	10)	Partnership
	11)	A broker or registered nominee
	12)	account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
	(13)	Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
3.	Fill in you	r taxpayer identification number below: (please complete only one)
1) If you circled number 1-5 above, fill in your Social Security Number.		
		-
	2) If	you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).
		6 2 6 0 0 0 8 4 1
4.	Sign and date the form:	
	If I circ	ation - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. led category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and ect to backup withholding.
	Signature_	Date 7/28/08
	Title (if app	olicable)